



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION

PRINT OR TYPE

RECOMMENDATION FOR MISSOURI TEACHER EDUCATION SCHOLARSHIP

(RETURN TO APPLICANT) A complete application must include three recommendations.

NAME OF APPLICANT	SOCIAL SECURITY NUMBER
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☐ PRINCIPAL/DEPARTMENT CHAIR/COUNSELOR ☐ TEACHER/PROFESSOR ☐ BUSINESS/PROFESSIONAL

INSTRUCTIONS: The above named student is applying for the Missouri Teacher Education Scholarship. Please complete the items on the rating scale which reflects your agreement about this applicant. Please rate this individual with respect to other students of comparable age and experience by placing an X in the appropriate block. **THIS RECOMMENDATION MUST BE RETURNED BY THE APPLICANT NO LATER THAN FEBRUARY 15. APPLICATIONS THAT DO NOT CONTAIN THE THREE RECOMMENDATION FORMS WILL NOT BE CONSIDERED.**

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	NO BASIS FOR RATING
1. PERSONALITY Ability to make favorable impression, friendliness, courteousness						
2. ATTITUDE Cooperativeness, receptiveness to criticism or suggestions, ability to work with others						
3. MATURITY Emotional conduct						
4. ORIGINALITY and INITIATIVE Creative ability, imagination, soundness of ideas						
5. MOTIVATION Thoroughness, desire to accomplish objectives, drive, persistence						
6. DEPENDABILITY Ability to get results, reliability, promptness, attendance						
7. COMMUNICATION SKILLS	Written Expression					
	Oral Expression					
8. INTERPERSONAL SKILLS Leadership, participation in groups, ability to contribute to another's activity						

GENERAL COMMENTS – PLEASE COMMENT ON THE ABOVE CHARACTERISTICS OR ON THE SPECIAL QUALITIES OF THIS APPLICANT.

APPLICANT IS A MEMBER OF THIS ETHNIC GROUP:

☐ AFRICAN AMERICAN ☐ HISPANIC AMERICAN ☐ WHITE
☐ ASIAN AMERICAN ☐ NATIVE AMERICAN ☐ OTHER _____

☐ KNOW WELL THROUGH
☐ MULTIPLE CONTACTS ☐ KNOW FAIRLY WELL
☐ THROUGH CONTACTS ☐ HAVE HAD SOME
☐ CONTACTS WITH

NAME OF PERSON PREPARING THIS RECOMMENDATION	POSITION OR TYPE
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ADDRESS	SIGNATURE	DATE
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